Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF MARYLAND		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this amended fili

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Patricia First name Lynn	First name
	,	Middle name	Middle name
	Bring your picture identification to your	Caplan	
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names and any assumed, trade names and doing business as names.		
	Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3835	

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Debtor 1 Patricia Lynn Caplan Case number (if known) **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Your Employer **Identification Number** (EIN), if any. EIN EIN Where you live If Debtor 2 lives at a different address: 25 Ethelwood Court Olney, MD 20832 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Montgomery County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code 6. Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district.

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

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Deb	otor 1 Patricia Lynn Capl	lan				Case	number (if known)		
Par	t 2: Tell the Court About Y	our Bank	ruptcy Ca	se					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	☐ Chapt	er 7						
		☐ Chapt	er 11						
		☐ Chapt	er 12						
		■ Chapt							
8.	How you will pay the fee	abo ord	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
		☐ Ine	ed to pay	the fee in installments. If y		e this option, sig	n and attach the Applica	ation for Individuals to Pay	
			•	e in Installments (Official For	,		., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		but app	is not requ lies to you	t my fee be waived (You ma uired to, waive your fee, and ir family size and you are una in to Have the Chapter 7 Filin	may do so able to pa	o only if your inco y the fee in insta	ome is less than 150% of liments). If you choose	of the official poverty line that this option, you must fill out	
O Have you filed for									
9.	Have you filed for bankruptcy within the last 8 years?	□ No. ■ Yes.							
			District	Maryland	When	8/21/17	Case number	17-21219	
			District	Maryland	— When	6/05/17	Case number	17-17696	
			District		When		Case number		
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor				Relationship to y	/ou	
			District		_ When		Case number, if	known	
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
11.	Do you rent your residence?	■ No.	Go to li	ne 12.					
	rootuettoe :	☐ Yes.	Has yo	ur landlord obtained an evicti	on judgm	ent against you?			
				No. Go to line 12.					
			Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it as part of this bankruptcy petition.						

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Deb	otor 1 Patricia Lynn Cap	lan			Case number (if known)		
Par	Report About Any Bu	ısinesses	You Ow	n as a Sole Proprieto	or		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	e and location of busi	ness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any			
	If you have more than one sole proprietorship, use a		Numl	per, Street, City, State	e & ZIP Code		
	separate sheet and attach it to this petition.		Chec	Check the appropriate box to describe your business:			
	it to this potition.				ess (as defined in 11 U.S.C. § 101(27A))		
			_		Estate (as defined in 11 U.S.C. § 101(51B))		
				•			
				•	fined in 11 U.S.C. § 101(53A))		
				•	(as defined in 11 U.S.C. § 101(6))		
				None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?	deadline operation	ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statemeterations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process 1 U.S.C. § 1116(1)(B).				
	For a definition of small business debtor, see 11	■ NO ·					
	U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrup Code.			
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and dunder Subchapter V of Chapter 11.		
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11.		
Par	t 4: Report if You Own or	· Have Anv	/ Hazard	ous Property or Any	Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.	<u> </u>		• •		
	property that poses or is						
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?			
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?			
	•				Number, Street, City, State & Zip Code		

Debtor 1 Case number (if known) Patricia Lynn Caplan

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Patricia Lynn Cap	lan		Case number	(if known)			
Part	6: Answer These Quest	ions for Re	porting Purposes					
	What kind of debts do you have?		Are your debts primarily cons	sumer debts? Consumer debts are defir al, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.		ness debts? Business debts are debts the nent or through the operation of the business.				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe	that are not consumer debts or busines	s debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7.	Go to line 18.				
	Do you estimate that after any exempt property is excluded and			you estimate that after any exempt prope able to distribute to unsecured creditors?	erty is excluded and administrative expenses			
	administrative expenses are paid that funds will		□ No					
	be available for distribution to unsecured creditors?		□ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?	□ \$100,0	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	■ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you estimate your liabilities to be?	□ \$100,0	50,000 01 - \$100,000 01 - \$500,000 01 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
Part	7: Sign Below							
For	you	I have exa	amined this petition, and I declar	e under penalty of perjury that the inform	nation provided is true and correct.			
				am aware that I may proceed, if eligible, of available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.			
				ey represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request	relief in accordance with the cha	pter of title 11, United States Code, spec	sified in this petition.			
		bankrupto and 3571	y case can result in fines up to \$	oncealing property, or obtaining money o \$250,000, or imprisonment for up to 20 years.	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,			
		Patricia	cia Lynn Caplan Lynn Caplan of Debtor 1	Signature of Debtor	2			
		Executed	on April 17, 2025 MM / DD / YYYY	Executed on MM	/DD/YYYY			

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Debter 4 Det 1 1 1		0						
Debtor 1 Patricia Lynn Cap	olan	Cas	e number (if known)					
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Star for which the person is eligible. I also certify that I h	tes Code, and have e	explained the relief available ι	under each chapter				
If you are not represented by an attorney, you do not need to file this page.								
. 0	/s/ William A. Grafton	Date	April 17, 2025					
	Signature of Attorney for Debtor		MM / DD / YYYY					
	William A. Grafton 30205							
	Printed name							
	Grafton Firm, LLC Firm name							
	920 Providence Road							
	Suite 100							
	Towson, MD 21286							
	Number, Street, City, State & ZIP Code							

Email address

Contact phone 410-870-9315

30205 MD Bar number & State wgrafton@graftonfirm.com

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	n this information to i						
Deb	or 1 Patric	ia Lynn Cap ^e	Middle Name	Last Name			
Deb			Middle Name	Last Name			
	. 0,						
Unite	ed States Bankruptcy C	ourt for the:	DISTRICT OF MARYLA	AND			
Case (if kno	e number wn)					_	ck if this is an
						amo	idod iiii ig
∩ff	icial Form 100	6Sum					
			ınd Liabilities aı	nd Certain Statistica	I Information		12/15
Be as infor your	complete and accura nation. Fill out all of y original forms, you m	ate as possib our schedule ust fill out a r	le. If two married people es first; then complete t	e are filing together, both are ene information on this form. If k the box at the top of this page	equally responsible for you are filing amend		
Part	1: Summarize Your	ASSEIS					
							assets of what you own
1.	Schedule A/B: Prope						
	1a. Copy line 55, Total	real estate, fr	om Schedule A/B			\$	993,900.00
	1b. Copy line 62, Total	personal prop	perty, from Schedule A/B.			\$	12,212.22
	1c. Copy line 63, Total	of all property	on Schedule A/B			\$	1,006,112.22
Part	2: Summarize Your	Liabilities					
						Your	iabilities
						Amou	nt you owe
2.			aims Secured by Property nn A, Amount of claim, at	√ (Official Form 106D) the bottom of the last page of P	art 1 of Schedule D	\$	928,380.94
3.			Unsecured Claims (Official (priority unsecured claim)	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	:	\$	0.00
	3b. Copy the total clair	ms from Part 2	2 (nonpriority unsecured o	claims) from line 6j of Schedule	E/F	\$	37,212.15
					Your total liabilities	\$	965,593.09
Part	3: Summarize Your	Income and	Expenses				· · · · · · · · · · · · · · · · · · ·
4.	Schedule I: Your Incom	ne (Official Fo	rm 106I)				
	177	,		e I		\$	11,419.82
5.	Schedule J: Your Expe Copy your monthly exp					\$	9,210.00
Part	4: Answer These Q	uestions for	Administrative and Stat	istical Records			
6.			er Chapters 7, 11, or 13? on this part of the form. C	theck this box and submit this fo	rm to the court with yo	ur other so	chedules.
7.	■ Yes What kind of debt do	you have?					
				debts are those "incurred by an og for statistical purposes. 28 U.		a persona	l, family, or
	Your debts are n			ve nothing to report on this part	of the form. Check this	box and	submit this form to

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Debtor 1 Patricia Lynn Caplan

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,493.20

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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		Casc	23-1342	0 L	JUC 1	riieu 04/	11/25 F6	ige 10 oi	33	
Fill	in this inform	nation to identify your	case and thi	is filinç	g:					
Deb	otor 1	Patricia Lynn Ca	olan							
Dak	-t 0	First Name	Middle I	Name		Last Name				
	otor 2 use, if filing)	First Name	Middle I	Name		Last Name				
Uni	ted States Bar	nkruptcy Court for the:	DISTRICT C	OF MAI	RYLAND					
Cas	se number _									☐ Check if this is a amended filing
Of	ficial Fo	rm 106A/B							l	amonada ming
_		e A/B: Prop	ertv							12/15
1.1 25 Ethelwood Court Street address, if available, or other description			What	Single-fami	erty? Check all the silvent of the s	ng	the amount	of any secure	ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> .	
	Olney	MD 208	32-0000			red or mobile ho	ome	Current va		Current value of the portion you own?
	City	State	ZIP Code			property		• • •	93,900.00	\$993,900.0
									the nature of your ownership into	
				_	_	est in the prop	perty? Check one		ee simple, ten: e), if known.	ancy by the entireties, o
				_	Debtor 1 or	nly				
	Montgome County	ery				•				
	County				At least one information	nd Debtor 2 only e of the debtors n you wish to a cation number:	and another add about this ite	(see ins	structions)	munity property
		ar value of the portion ave attached for Part 1								\$993,900.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debt	or 1 Patri	cia Lynn Caplan		Case number (if known)	
R Ca	rs. vans. truc	cks, tractors, sport utility ve	hicles, motorcycles		
. •	iro, vario, irac	one, industria, open alimity vo	moioc, motor by blob		
	No				
	Yes				
3.1	Make: H	yundai	Who has an interest in the property? Check one		cured claims or exemptions. Put
		onata	■ Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
		013	Debtor 2 only		
	Approximate		Debtor 1 and Debtor 2 only	Current value of entire property?	the Current value of the portion you own?
	Other informa		At least one of the debtors and another		
	Location:	25 Ethelwood Court,		4	
	Olney MD	20832	☐ Check if this is community property	\$2,375	5.00 \$2,375.00
			(see instructions)		
3.2	Make: H	yundai	Who has an interest in the property? Check one		cured claims or exemptions. Put secured claims on Schedule D:
	Model: El	lantra	■ Debtor 1 only		ve Claims Secured by Property.
	Year: 20	013	Debtor 2 only	Current value of	the Current value of the
	Approximate	mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other informa	ation:	☐ At least one of the debtors and another		
	Location:	25 Ethelwood Court,		40.504	
	Olney MD	20832	☐ Check if this is community property	\$2,500	0.00 \$2,500.00
			(see instructions)		
			n for all of your entries from Part 2, including		\$4,875.00
.pc	agos you nav	c attached for 1 art 2. Write			
Part 3	Describe Yo	our Personal and Household Ite	ems		
			terest in any of the following items?		Current value of the
•		, ,	, ,		portion you own? Do not deduct secured claims or exemptions.
E		ds and furnishings or appliances, furniture, linens	china, kitchenware		
	Yes. Describ	oe			
				1	
			s, area rug, small appliances, chair/otto		
			ure, patio table and chairs, grill, outdoo	r childrens'	
			eous home decor nelwood Court, Olney MD 20832		\$650.0
		Location. 23 Ett	ieiwoou Court, Onley MD 20032		
	ectronics				
E		visions and radios; audio, vide iding cell phones, cameras, m	eo, stereo, and digital equipment; computers, pr redia players, games	inters, scanners; music c	ollections; electronic devices
П	No	ading our priories, carrieras, in	odia piayoto, garrios		
_	Yes. Describ	20			
_	res. Descrit	J Ե			
		TVs. miscellane	ous personal electronics		\$175.00

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De	ebtor 1 Patricia Ly	nn Caplan	Case number (if known)	
8.		nd figurines; paintings, prints, or other artwork; books, pictures, or other ctions, memorabilia, collectibles	r art objects; stamp, coin, o	or baseball card collections;
	Yes. Describe			
9.	Equipment for sports Examples: Sports, pho musical ins	tographic, exercise, and other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes ar	nd kayaks; carpentry tools;
	■ No □ Yes. Describe			
10.	_	es, shotguns, ammunition, and related equipment		
	■ No □ Yes. Describe			
	Clothes Examples: Everyday □ No ■ Yes. Describe	clothes, furs, leather coats, designer wear, shoes, accessories		
		Clothing and accessories Location: 25 Ethelwood Court, Olney MD 20832		\$150.00
	Jewelry	Costume jewelry Costume jewelry Location: 25 Ethelwood Court, Olney MD 20832	ewelry, watches, gems, go	ld, silver \$25.00
	Non-farm animals Examples: Dogs, cats □ No ■ Yes. Describe	s, birds, horses Household pets		
		Location: 25 Ethelwood Court, Olney MD 20832		\$1.00
	Any other personal a ■ No □ Yes. Give specific i	and household items you did not already list, including any health	aids you did not list	
15		e of all of your entries from Part 3, including any entries for pages it number here	s you have attached	\$1,001.00
Pa	rt 4: Describe Your Fina	ancial Assets		
Do	o you own or have any	legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No	u have in your wallet, in your home, in a safe deposit box, and on hand	l when you file your petition	·

Doc 1 Filed 04/17/25 Page 13 of 53 Case 25-13420 Debtor 1 Patricia Lynn Caplan Case number (if known) Cash Location: 25 Ethelwood Court, Olney \$0.00 MD 20832 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Sandy Spring/Atlantic Federal, acct ending \$5,635.00 7707 17.1. Checking Venmo \$0.00 17.2. Checking Apple Cash, acct ending 0274 \$1.22 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: ADP 401k \$700.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

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De	btor 1	Patricia Lynn Caplan	Case number (if known)	
		1		
	■ No □ Yes	Institution name and description. Sepa	rately file the records of any interests.11 U.S.C. § 521(c):	
	Trusts, ■ No	equitable or future interests in property (other th	an anything listed in line 1), and rights or powers exercis	able for your benefit
		Give specific information about them		
		 copyrights, trademarks, trade secrets, and othe les: Internet domain names, websites, proceeds from 		
		Give specific information about them		
	Ехатр	es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative	association holdings, liquor licenses, professional licenses	
	■ No □ Yes.	Give specific information about them		
Ma	nev or r	property owed to you?		Current value of the
IVIC	oney or p	noperty office to your		portion you own? Do not deduct secured claims or exemptions.
		unds owed to you		
	■ No			
	⊔ Yes. (Jive specific information about them, including wheth	ner you already filed the returns and the tax years	
29.	Family		shild support maintenance diverse settlement preparts settlement	dom ont
	■ No	res. Fast due of lump sum allmony, spousal support,	child support, maintenance, divorce settlement, property sett	lement
		Give specific information		
		·		
30.		mounts someone owes you les: Unpaid wages, disability insurance payments, disability insuran	sability benefits, sick pay, vacation pay, workers' compensati	ion, Social Security
	■ No			
		Give specific information		
		s in insurance policies les: Health, disability, or life insurance; health saving:	s account (HSA); credit, homeowner's, or renter's insurance	
		Name the insurance company of each policy and list	its value.	
		Company name:	Beneficiary:	Surrender or refund value:
32.	If you a	, , , ,	rho has died rom a life insurance policy, or are currently entitled to receive	property because
	someoi	ne has died.		
		Give specific information		
33.		against third parties, whether or not you have file les: Accidents, employment disputes, insurance clain		
	■ No	iso. Accidence, employment disputes, incurance dain	ine, or righte to ode	
	☐ Yes.	Describe each claim		
	_	ontingent and unliquidated claims of every nature	e, including counterclaims of the debtor and rights to set	off claims
	■ No □ Yes.	Describe each claim		
35.	Any fina	ancial assets you did not already list		
	■ No	•		

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Debtor	Patricia Lynn Caplan		Case number (if known)	
□ Ye	es. Give specific information			
	ld the dollar value of all of your entries from Part 4, including Part 4. Write that number here		es you have attached	\$6,336.22
Part 5:	Describe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
37. Do y o	ou own or have any legal or equitable interest in any business-relate	d property?		
■ No.	Go to Part 6.			
☐ Yes	s. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You of If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. Do y	ou own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	you have other property of any kind you did not already list? amples: Season tickets, country club membership	r		
■ No				
□ Ye	es. Give specific information			
54. A c	ld the dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Pa	rt 1: Total real estate, line 2			\$993,900.00
56. Pa	rt 2: Total vehicles, line 5	\$4,875.00	_	
57. Pa	rt 3: Total personal and household items, line 15	\$1,001.00		
58. Pa	rt 4: Total financial assets, line 36	\$6,336.22		
59. Pa	rt 5: Total business-related property, line 45	\$0.00		
60. Pa	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Pa	rt 7: Total other property not listed, line 54 +	\$0.00		
62. To	tal personal property. Add lines 56 through 61	\$12,212.22	Copy personal property total	\$12,212.22
63. To	tal of all property on Schedule A/B. Add line 55 + line 62			\$1,006,112.22

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31	l in this inform	nation to identify your case:				1
	ebtor 1	Patricia Lynn Caplan				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First Name	Middle Name	L	ast Name	
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	_ast Name	
		nkruptcy Court for the: DIS	STRICT OF MARYLAND			
Ca	ase number					
	(nown)					☐ Check if this is an amended filing
O [·]	fficial Fo	rm 106C				
		e C: The Prope	erty You Cla	ıim	as Exempt	4/25
he cas For spe	property you listed of fill out and the number (if known teach item of pecific dollar and applicable state.)	sted on Schedule A/B: Proper d attach to this page as many own). property you claim as exem nount as exempt. Alternative atutory limit. Some exempti	rty (Official Form 106A/B) copies of Part 2: Addition upt, you must specify the lely, you may claim the fons—such as those for	as yo nal Pa e amo full fa heal	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. (ir market value of the property be th aids, rights to receive certain b	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement
exe	emption to a pa				nption of 100% of fair market valu determined to exceed that amount	e under a law that limits the , your exemption would be limited
Pa	rt 1: Identif	y the Property You Claim as	s Exempt			
1.	Which set of	exemptions are you claiming	ng? Check one only, eve	n if yo	our spouse is filing with you.	
	You are cla	aiming state and federal nonb	ankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are cla	aiming federal exemptions. 1	1 U.S.C. § 522(b)(2)			
2.	For any prop	erty you list on Schedule A	/B that you claim as exe	empt,	fill in the information below.	
					Specific laws that allow exemption	
	Scriedule A/B	hat lists this property	portion you own Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	25 Ethelwoo Montgomer	od Court Olney, MD 2083	\$993,900.00		\$31,575.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(2)
	•	pedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	1100. 3 11-30-(1)(1)(1)(2)
		lai Sonata 150000 miles 5 Ethelwood Court, Olne	\$2,375.00		\$2,375.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
	MD 20832	edule A/B: 3.1	• •		100% of fair market value, up to any applicable statutory limit	1100. 3 11 304(1)(1)(1)(1)
	2013 Hyund	lai Elantra 5 Ethelwood Court, Olne	\$2,500.00		\$2,500.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
	MD 20832	redule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	F100. § 11-304(I)(I)(I)(I)
		hairs, area rug, small	\$650.00		\$650.00	Md. Code Ann., Cts. & Jud.
	bedroom fu chairs, grill miscellaned	chair/ottoman, sofa, rniture, patio table and , outdoor childrens' toys ous home decor			100% of fair market value, up to any applicable statutory limit	Proc. § 11-504(b)(4)
	Location: 28 MD 20832	5 Ethelwood Court, Olne	ey			

Official Form 106C

Line from Schedule A/B: 6.1

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Debtor 1	Patricia Lynn Caplan			Case number (if known)	
	ef description of the property and line on hedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	s, miscellaneous personal	\$175.00		\$175.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
Lin	e from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	5 (), ,
Lo	othing and accessories cation: 25 Ethelwood Court, Olney	\$150.00		\$150.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
	0 20832 e from <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit	
	estume jewelry cation: 25 Ethelwood Court, Olney	\$25.00		\$25.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
ME	20832 e from <i>Schedule A/B</i> : 12.1			100% of fair market value, up to any applicable statutory limit	
	ousehold pets cation: 25 Ethelwood Court, Olney	\$1.00		\$1.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
ME	20832 e from <i>Schedule A/B</i> : 13.1			100% of fair market value, up to any applicable statutory limit	1100.3 11 004(1)(1)(1)(1)
	ecking: Sandy Spring/Atlantic leral, acct ending 7707	\$5,635.00		\$5,635.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(6)
	e from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	1100.3 11 004(5)(0)
Ch	ecking: Apple Cash, acct ending	\$1.22		\$1.22	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
	e from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	1100.3 11 004(5)(0)
	1k: ADP e from Schedule A/B: 21.1	\$700.00		\$700.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(h)
				100% of fair market value, up to any applicable statutory limit	3 11 00 A(1)
	e you claiming a homestead exemption of bject to adjustment on 4/01/28 and every 3			led on or after the date of adjustmen	ıt)
	No	, 5 a. 5 a. 6. a. a. 101 60		iou on or anor the date of adjustmen	,
	Yes. Did you acquire the property covere	ed by the exemption wi	ithin 1	,215 days before you filed this case?	?
	□ No	•			
	☐ Yes				

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Fill in this information to identify you	ır case:			
Debtor 1 Patricia Lynn C First Name	aplan Middle Name Last Name			
Debtor 2	Wilder Name Last Name			
(Spouse if, filing) First Name	Middle Name Last Name			
United States Bankruptcy Court for the	: DISTRICT OF MARYLAND			
Case number				
(if known)				if this is an
			amend	led filing
Official Form 106D				
Schedule D: Creditors	Who Have Claims Secured	by Property	<i>l</i>	12/15
is needed, copy the Additional Page, fill it	If two married people are filing together, both are equ out, number the entries, and attach it to this form. On			
number (if known).				
1. Do any creditors have claims secured by				
☐ No. Check this box and submit t	his form to the court with your other schedules. You	u have nothing else to	report on this form.	
Yes. Fill in all of the information	below.			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has	more than one accurred plain, list the graditar congretaly	Column A	Column B	Column C
for each claim. If more than one creditor has	more than one secured daim, list the dreutor separately			Columni
	s a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabeti	s a particular claim, list the other creditors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	
much as possible, list the claims in alphabeti	s a particular claim, list the other creditors in Part 2. As	Do not deduct the	that supports this	Unsecured portion
much as possible, list the claims in alphabeti	s a particular claim, list the other creditors in Part 2. As call order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD	Do not deduct the value of collateral.	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name PO Box 159	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply.	Do not deduct the value of collateral.	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name PO Box 159 Olney, MD 20830	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply. Contingent	Do not deduct the value of collateral.	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name PO Box 159	Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	Do not deduct the value of collateral.	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name PO Box 159 Olney, MD 20830	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	Do not deduct the value of collateral.	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name PO Box 159 Olney, MD 20830 Number, Street, City, State & Zip Code Who owes the debt? Check one.	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	Do not deduct the value of collateral. \$854.89	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name PO Box 159 Olney, MD 20830 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	Do not deduct the value of collateral. \$854.89	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name PO Box 159 Olney, MD 20830 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secural loan)	Do not deduct the value of collateral. \$854.89	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabeti 2.1 Cherrywood HOA Creditor's Name PO Box 159 Olney, MD 20830 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secu	Do not deduct the value of collateral. \$854.89	that supports this claim	Unsecured portion If any
much as possible, list the claims in alphabetic. 2.1 Cherrywood HOA Creditor's Name PO Box 159 Olney, MD 20830 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. Describe the property that secures the claim: 25 Ethelwood Court Olney, MD 20832 Montgomery County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secural loan) Statutory lien (such as tax lien, mechanic's lien)	Do not deduct the value of collateral. \$854.89	that supports this claim	Unsecured portion If any

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Debtor 1 Patricia Lynn Caplan	Ca	ase number (if known)				
First Name Middle N	ame Last Name					
2.2 Nationstar/mr Cooper	Describe the property that secures the claim:	\$827,053.00	\$993,900.00	\$0.00		
Creditor's Name	25 Ethelwood Court Olney, MD	ΨΟΣΤ,033.00	Ψ333,300.00	Ψ0.00		
	20832 Montgomery County					
	As of the date you file, the claim is: Check all that					
350 Highland	apply.					
Houston, TX 77067	Contingent					
Number, Street, City, State & Zip Code	☐ Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
Debtor 1 only	An agreement you made (such as mortgage or secu	red				
Debtor 2 only	car loan)					
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)					
community debt						
Opened						
06/07 Last						
Active Date debt was incurred 5/24/23	Last 4 digits of account number 6736					
2.3 Sandy Spring Bank	Describe the property that secures the claim:	\$54,314.75	\$993,900.00	\$0.00		
Creditor's Name	25 Ethelwood Court Olney, MD	ΨΟΨ,ΟΙΨ.ΙΟ	Ψ330,300.00	Ψ0.00		
	20832 Montgomery County					
PO Box 790408	As of the date you file, the claim is: Check all that apply.					
Saint Louis, MO 63179	☐ Contingent					
Number, Street, City, State & Zip Code	Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
Debtor 1 only	☐ An agreement you made (such as mortgage or secu	red				
☐ Debtor 2 only	car loan)					
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	U Judgment lien from a lawsuit					
Check if this claim relates to a	☐ Other (including a right to offset)					
community debt						
Date debt was incurred	Last 4 digits of account number 0001					
US Dept of Housing & Urban Development	Describe the property that secures the claim:	\$46,158.30	\$993,900.00	\$0.00		
Creditor's Name	25 Ethelwood Court Olney, MD					
	20832 Montgomery County					
	As of the date you file, the claim is: Check all that					
451 7th St SW	apply.					
Washington, DC 20410	Contingent					
Number, Street, City, State & Zip Code	Unliquidated					
Who owes the debt? Check one.	Disputed					
_	Nature of lien. Check all that apply.	rad				
Debtor 1 only	☐ An agreement you made (such as mortgage or secucar loan)	ileu				
Debtor 2 only						
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
☐ At least one of the debtors and another☐ Check if this claim relates to a	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)					
community debt	Other (including a right to diset)					
Date debt was incorred	Look 4 digite of account sure har					
Date debt was incurred	Last 4 digits of account number					

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Debtor 1 Patricia Lynn Caplan				Case number (if known)		
	First Name	Middle Name	Last Name			
If this Write	is the last page of you that number here:	ur form, add the dollar va	this page. Write that number he alue totals from all pages. nat You Already Listed	\$928,380.94 \$928,380.94		
Use this trying to than on	s page only if you have collect from you for	e others to be notified ab a debt you owe to somed he debts that you listed in	out your bankruptcy for a debt	that you already listed in Part 1. For example, if a ct t 1, and then list the collection agency here. Similarl itors here. If you do not have additional persons to	ly, if you have more	
[]	James Clarke Atlantic Law Gro PO Box 2548	•		On which line in Part 1 did you enter the creditor? Last 4 digits of account number	.2	
[]	Leesburg, VA 20	177				
. 1	Mary Hurley Orlans PC	, City, State & Zip Code ket Blvd SE Ste 310 175)	On which line in Part 1 did you enter the creditor? _2 Last 4 digits of account number	<u>.2</u>	

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Fill in this info	rmation to identify your	case:				
Debtor 1	Patricia Lynn Cap					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	DISTRICT OF MAR	VI AND			
Officed States B	ankruptcy Court for the.	DIGITATO OF MAIN	TENIO			
Case number						
(if known)					☐ Check	if this is an led filing
000 : 15	4005/5					3
Official For	<u>m 106E/F</u> E/F: Creditors W	lho Hayo Une	ocured Claims			12/15
			ith PRIORITY claims and Part 2 fo			,
	umber (if known). All of Your PRIORITY Un	secured Claims				·
1. Do any credi	tors have priority unsecure	d claims against you?				
☐ No. Go to	Part 2.					
Yes.						
identify what t possible, list t	type of claim it is. If a claim ha	as both priority and nonprer according to the creditor	han one priority unsecured claim, lis iority amounts, list that claim here a or's name. If you have more than tw er creditors in Part 3.	nd show both priority a	nd nonpriority amount	ts. As much as
(For an expla	nation of each type of claim, s	see the instructions for thi	is form in the instruction booklet.)	Total claim	Priority	Nonpriority
					amount	amount
	troller of Maryland Creditor's Name	Last 4 digi	ts of account number	Unknown	Unknown	Unknown
,	arroll Street	When was	the debt incurred?			
	olis, MD 21411					
	Street City State Zip Code ed the debt? Check one.	_	late you file, the claim is: Check a	II that apply		
_		☐ Conting				
Debtor 1	•	☐ Unliquid	dated			
Debtor 2	•	☐ Dispute				
Debtor 1	and Debtor 2 only	<u></u> '	RIORITY unsecured claim:			
☐ At least of	one of the debtors and anothe	<u></u>	tic support obligations			
☐ Check if	f this claim is for a commu		and certain other debts you owe the			
	subject to offset?	☐ Claims	for death or personal injury while yo	u were intoxicated		
■ No		Other. S	Specify			
☐ Yes						

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Debtor 1 Patricia Lynn Caplan	Case number (if known)				
2.2 Internal Revenue Service Priority Creditor's Name ATTN: INSOLVENCY UNIT	Last 4 digits of account number When was the debt incurred?	Unknown	Unknown	Unknown	
PO Box 7346 Philadelphia, PA 19114	_				
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply			
_	Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:				
\square At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you	owe the government			
Is the claim subject to offset?	☐ Claims for death or personal injury	while you were intoxicated			
■ No	Other. Specify				
Yes					
 No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. 	e alphabetical order of the creditor who claim. For each claim listed, identify what t	holds each claim. If a creditor hay pe of claim it is. Do not list claims	already included in F	Part 1. If more tion Page of	
4.1 Capital One	Last 4 digits of account number	6088		\$6,469.00	
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 07/19 Last Act 01/25	ive		
Who incurred the debt? Check one.	_				
Debtor 1 only	Contingent				
	☐ Debtor 2 only ☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Debtor 1 and Debtor 2 only ☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that y	ou did not		
No	Debts to pension or profit-sharin	a plans, and other similar debts			
■ No	Other. Specify Credit Card	· ·			

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Debtor	Patricia Lynn Caplan		Case number (if known)				
4.2	Capital One	Last 4 digits of account number	8127	\$901.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 03/18 Last Active 04/25				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.3	Central Collections Unit Nonpriority Creditor's Name	Last 4 digits of account number		Unknown			
	300 W Preston Street Baltimore, MD 21201	When was the debt incurred?	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify					
4.4	Comenity Bank/Pier 1	Last 4 digits of account number	2310	Unknown			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 07/09 Last Active 05/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□Yes	■ Other. Specify Charge Acc	count				

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Debte	or 1 Patricia Lynn Caplan		Case number (if kno	own)	
4.5	Credit Collection Services	Last 4 digits of account number	2472	_	\$53.00
	Nonpriority Creditor's Name Attn: Bankruptcy 725 Canton St Norwood, MA 02062	When was the debt incurred?	Opened 12/24 10/24	Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that appl	ly	
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or o	divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other sir	milar debts	
	Yes	Other. Specify Collection	Attorney Progre	essive	
4.6	Dept of Ed/Navient	Last 4 digits of account number			\$27,000.00
	Nonpriority Creditor's Name Attn: Claims Dept PO Box 9635	When was the debt incurred?			
	Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	<u> </u>			
	•	☐ Disputed Type of NONPRIORITY unsecured			
	At least one of the debtors and another	☐ Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or o	divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other sir	milar debts	
	□ Yes	Other. Specify			
4.7	EZ Pass Maryland Nonpriority Creditor's Name	Last 4 digits of account number		_	Unknown
	PO Box 141578 Austin, TX 78714	When was the debt incurred? As of the date you file, the claim i			
	Number Street City State Zip Code Who incurred the debt? Check one.	ly			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	\square Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or o	divorce that you did not	
	Is the claim subject to offset?	report as priority claims	-	•	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other sir	milar debts	
	☐ Yes	Other, Specify			

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Debtor 1 Patricia Lynn Caplan		Case number (if known)				
4.8	Herbert M Juarbe, MD Nonpriority Creditor's Name	Last 4 digits of account number 86CE	\$245.00			
	Washington Endocrinology 806 W Diamond Ave Ste 310 Gaithersburg, MD 20878	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				
4.9	Laboratory Corporation of America Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00			
	PO Box 2240 Burlington, NC 27216-2240	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				
4.1	Maryland Department of Transportation	Last 4 digits of account number	Unknown			
	Nonpriority Creditor's Name Motor Vehicle Administration 6 St Paul St	When was the debt incurred?				
	Baltimore, MD 21202-1614 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	The of the date year me, and channel chock an anatappy				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify				

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Debt	or 1 Patricia Lynn Caplan	Case number (if known)					
4.1 1	Maryland Motor Vehicle Administration	Last 4 digits of account number	Unknown				
	Nonpriority Creditor's Name 6601 Ritchie Highway, N.E. Glen Burnie, MD 21062	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts					
	■ No □ Yes	Other. Specify					
41							
4.1 2	Maryland Retina Institute LLC	Last 4 digits of account number 0837	\$296.72				
	Nonpriority Creditor's Name 2919 Olney Sandy Spring Road Suite D	When was the debt incurred?					
	Olney, MD 20832 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify					
4.1 3	MedStar Health Nonpriority Creditor's Name	Last 4 digits of account number 5470	\$0.00				
	PO Box 411019 Boston, MA 02241	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other Specify					

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Debt	or 1 Patricia Lynn Caplan		Case number (if known)					
4.1	Novant Health	Lock 4 dissite of account number	0741	\$547.08				
4	Nonpriority Creditor's Name	Last 4 digits of account number		φ341.00				
	PO Box 8471	When was the debt incurred?						
	Pompano Beach, FL 33075-8471							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	_							
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	Disputed	d alata.					
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciaim:					
	☐ Check if this claim is for a community debt	_						
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	□ Yes	Other Specify						
	_ 163	Other. Specify						
4.1	Novant Health		2935	\$224.10				
5	Nonpriority Creditor's Name	Last 4 digits of account number		\$224.10				
	PO Box 8471	When was the debt incurred?						
	Pompano Beach, FL 33075-8471	_						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	_						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharin	a plane, and other similar debte					
	_	·						
	Yes	Other. Specify						
4.1								
6	Rent Recovery Solution LLC	Last 4 digits of account number	2030	Unknown				
	Nonpriority Creditor's Name Attn: Bankruptcy		Opened 01/23 Last Active					
	1945 The Exchange Se, Ste 120	When was the debt incurred?	07/22					
	Atlanta, GA 30339	_						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	_						
	Debtor 1 only	Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed	Labelia					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	a ciaim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	☐ Yes	_	51					
	□ 162	Other. Specify						

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Debto	r 1 Patricia Lynn Caplan		Case number (if known)	
4.1	Samura.		8873	\$0.00
7	Servpro Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	850 E Gude Dr	When was the debt incurred?		
	Ste H			
	Rockville, MD 20850	As of the data you file the plaim i	Oh oh oh oll that soul	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	_	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	·		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	a plane, and other similar debts	
	Yes	Other. Specify		
4.1				
8	Synchrony Bank/Banana Republic	Last 4 digits of account number	0013	Unknown
	Nonpriority Creditor's Name		Opened 00/09 Lest Active	
	Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 09/98 Last Active 08/06	
	Orlando, FL 32896			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
4.1 9	Verizon	Last 4 digits of account number	0001	\$948.00
	Nonpriority Creditor's Name		On an all 04/40 Last Astissa	
	Verizon Wireless Bk Admin 500 Technology Dr Ste 550	When was the debt incurred?	Opened 01/10 Last Active 9/14/24	
	Weldon Springs, MO 63304	when was the debt incurred?	9/14/24	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ag. coo or arroroo mat you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other, Specify Agriculture		

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Debio	Patricia Lynn Capian		Case number (if known)	
4.2	WSSC Water	Last 4 digits of account num	nber 0000	\$528.25
	Nonpriority Creditor's Name 1451 Sweitzer Ln	When was the debt incurred	?	
	Laurel, MD 20707 Number Street City State Zip Code	As of the date you file, the c	laim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unse	cured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a report as priority claims	separation agreement or divorce that you did not	
	No		sharing plans, and other similar debts	
	Yes	Other. Specify		
	2000			
Part 3				
is try have	ring to collect from you for a debt you owe to s	someone else, list the original credi at you listed in Parts 1 or 2, list the	that you already listed in Parts 1 or 2. For example, for in Parts 1 or 2, then list the collection agency h additional creditors here. If you do not have additi	ere. Similarly, if you
Name	and Address	On which entry in Part 1 or Part 2 die		
	tal One	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	3
	ox 31293 Lake City, UT 84131		■ Part 2: Creditors with Nonpriority Unsecured Cla	aims
Jait	care only, or ours	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
•	tal One	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
	ox 31293 Lake City, UT 84131		■ Part 2: Creditors with Nonpriority Unsecured Cla	aims
Ouit i	Luke Oily, 01 04101	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
	enity Bank/Pier 1	Line 4.4 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	3
	ox 182789		■ Part 2: Creditors with Nonpriority Unsecured Cla	aims
Colu	mbus, OH 43218	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
	it Collection Services	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	3
	ox 607		■ Part 2: Creditors with Nonpriority Unsecured Cla	aims
NOTW	vood, MA 02062	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
	Recovery Solution LLC	Line 4.16 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	3
	The Exchange Se		■ Part 2: Creditors with Nonpriority Unsecured Cla	aims
Atlan	nta, GA 30339	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
Synchrony Bank/Banana Republic Line 4.1		Line 4.18 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	3
	ox 71727		■ Part 2: Creditors with Nonpriority Unsecured Cla	aims
Phila	delphia, PA 19176	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Veriz		Line 4.19 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	S
	Technology Dr		Part 2: Creditors with Nonpriority Unsecured Cla	
Weld	lon Spring, MO 63304	Last 4 digits of account number		
N			durantinate administrative of	
Name	and Address	On which entry in Part 1 or Part 2 die	a you list the original creditor?	

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Debtor 1 Patricia Lynn Caplan

Wakefield & Associates Inc
7005 Middlebrook Pike
PO Box 50250
Knoxville, TN 37950-0250

Last 4 digits of account number

Case number (if known)

□ Part 1: Creditors with Priority Unsecured Claims

□ Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	Φ	
				»	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	0	Φ.	0.00
		you did not report as priority claims	6g.	\$	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	37,212.15
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	37,212.15

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ation to identify your	case:		
Patricia Lynn Cap	olan		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
kruptcy Court for the:	DISTRICT OF MARYLANI	D	
			☐ Check if this is an amended filing
	Patricia Lynn Cap	First Name Middle Name	Patricia Lynn Caplan First Name Middle Name Last Name First Name Middle Name Last Name

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	Jily		Olato	211 0000	
-	Name				
	Number	Street			_
	City		State	ZIP Code	_

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Fill in this i	nformation to identify your	easo:			
	nformation to identify your				
Debtor 1	Patricia Lynn Cap	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	DISTRICT OF MARYLA	ND		
Case number	er				☐ Check if this is an amended filing
	Form 106H ule H: Your Cod	ebtors			12/15
people are fill it out, an	iling together, both are equ	ally responsible for supp boxes on the left. Attach . Answer every question	olying correct informa In the Additional Page I	tion. If more space is r to this page. On the to	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. DO y	od nave any codebiors: (II	you are ming a joint case,	uo not list eitner spouse	e as a codebior.	
■ No					
☐ Yes					
	in the last 8 years, have you , California, Idaho, Louisiana,				ty states and territories include
■ No. (Go to line 3.				
	Did your spouse, former spou	ise or legal equivalent live	with you at the time?		
	Dia year opeace, remoi oper	ioo, oi logai oquitalolli ilt	, you at ano anno.		
in line 2 Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
_	Column 1: Your codebtor ame, Number, Street, City, State and Zi	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
	ame			☐ Schedule E/F,	
				☐ Schedule G, Iir	
	umber Street ity	State	ZIP Code		
				Поделен в е	
3.2	ame			☐ Schedule D, lir☐ Schedule E/F,	
				☐ Schedule E/F,	
- N	umber Street				
	ity	State	ZIP Code		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill	in this information to identify your c	ase:								
De	btor 1 Patricia Lyn	n Caplan								
1 -	btor 2				_					
Un	ited States Bankruptcy Court for the	e: DISTRICT OF MARY	LAND		_					
Ca	se number		_			Chec	k if this is	:		
(If k	nown)					l	n amende	J		
									g postpetition ollowing date:	
0	fficial Form 106I					N	1M / DD/ \	YYYY		
S	chedule I: Your Inc	ome								12/15
atta	tuse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment Fill in your employment		onal pages, write				umber (if	known). A	Answer every	
	information.		Debtor 1						ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	I			☐ Empl	oyed mployed		
	employers.	Occupation	Business Dev	elopmen	t					
	Include part-time, seasonal, or self-employed work.	Employer's name	Syngene							
	Occupation may include student or homemaker, if it applies.	Employer's address	485 US Highw Iselin, NJ 0883		305					
		How long employed t	here? 1 moi	nth			_			
Pa	rt 2: Give Details About Mo	nthly Income								
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to	report for	any	line, write	e \$0 in the	space. In	clude your noi	n-filing
	ou or your non-filing spouse have mee space, attach a separate sheet to		ombine the informat	ion for all	empl	oyers for	that perso	on on the li	nes below. If y	you need
						For Del	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	17	,916.66	\$	N/A	
3.	Estimate and list monthly over	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	17,9	16.66	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Patricia Lynn Caplan	-	(Case	number (<i>if kr</i>	own)					
					For	Debtor 1			Debtor filing s		.	
	Cop	y line 4 here	4.		\$	17,916	6.66	\$		N/	A	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	5,552	76	\$		N/	Δ	
	5b.	Mandatory contributions for retirement plans	5b		<u>*</u> -		0.00	\$		N/		
	5c.	Voluntary contributions for retirement plans	50) .	\$		6.66	\$		N/	A	
	5d.	Required repayments of retirement fund loans	5d	d.	\$	(0.00	\$		N/	A	
	5e.	Insurance	5e		\$	227	'.42	\$		N/	Α	
	5f.	Domestic support obligations	5f.		\$_		0.00	\$		N/	_	
	5g.	Union dues	5g		\$_		0.00	\$		N/		
	5h.	Other deductions. Specify:	_ 5n	1.+	\$_			+ \$		N/	<u>A</u>	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	6,496		\$		N/	<u>A</u> _	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	11,419	.82	\$		N/	<u>A</u> _	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			•			•				
	٥L	monthly net income.	8a		\$_		0.00	\$		N/	_	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b).	\$_		0.00	\$		N/	<u>A</u>	
	ос.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80) .	\$	(0.00	\$		N/	A	
	8d.	Unemployment compensation	8d	d.	\$	(.00	\$		N/	A	
	8e.	Social Security	8e	€.	\$	(0.00	\$		N/	A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	\$		N/	A	
	8g.	Pension or retirement income	8g		\$_		.00	\$		N/		
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$		0.00	+ \$		N/	<u>A</u>	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	<u> </u>	C	0.00	\$		N	/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1	1,419.82	+ \$		N/A	= \$	11 4	119.82
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť –		1,410.02	. * .		-14/1	, * ·	,-	10.02
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe							<i>J</i> . +\$ _		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	11,4	419.82
13.	Do	you expect an increase or decrease within the year after you file this form	?						,	Comb		come
		No.										

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:					
	otor 1	Patricia Lynr				Che	eck if this is:	
		T diriola Lylli	ТОпріції				An amended filing	
	otor 2 ouse, if filing)							wing postpetition chapter the following date:
Unit	ted States Bankr	uptcy Court for the	: DISTRI	CT OF MARYLAND			MM / DD / YYYY	
	se number nown)							
	fficial Fo							
		J: Your l		1SES . If two married people a	ara filing tagathar b	oth are equ	ually rosponsible fo	12/15
info	ormation. If m		eded, atta	ch another sheet to this				
Par		ibe Your House	hold					
1.	Is this a joir ■ No. Go to	line 2.	in a aanar	ate household?				
	□N	0	•	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of Del	otor 2.	
2.	Do you have	e dependents?	□ No		,			
	Do not list Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state				Daughter		22	□ No
	dependents	names.			Daugittei			■ Yes □ No
								☐ Yes ☐ No
								☐ Yes
								□ No
3.		enses include		No				☐ Yes
		f people other to d your depende	han $_{oldsymbol{\sqcap}}$	Yes				
Est	imate your ex	ate Your Ongoing the second of your consession of your date after the base of the second of the seco	our bankr	uptcy filing date unless	you are using this football	orm as a s e <i>J</i> , check t	upplement in a Cha he box at the top o	apter 13 case to report of the form and fill in the
the		n assistance and		government assistance cluded it on <i>Schedule I:</i>			Your exp	enses
4.		or home owners		ses for your residence. or lot.	. Include first mortgag	e 4.	\$	3,950.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	320.00
	4b. Prope	rty, homeowner's				4b.	\$	0.00
		maintenance, re owner's associat		upkeep expenses dominium dues		4c. 4d.	:	500.00 75.00
5.				our residence, such as h	ome equity loans	5.		650.00

ebtor 1	Patricia Lynn Caplan	Case number (if known)
Util	lities:	
6a.		6a. \$ 550.0
6b.	Water, sewer, garbage collection	6b. \$ 160.0
6c.		
6d.	Other. Specify:	6d. \$ 0.0
Foc	od and housekeeping supplies	7. \$ 800.0
	ildcare and children's education costs	8. \$ 0.0
	othing, laundry, and dry cleaning	9. \$ 200.0
	rsonal care products and services	10. \$ 150.0
	dical and dental expenses	11. \$ 250.0
	Insportation. Include gas, maintenance, bus or train fare.	
	not include car payments.	12. \$ 500.0
	tertainment, clubs, recreation, newspapers, magazines, a	nd books 13. \$ 200.0
	aritable contributions and religious donations	14. \$ 0.0
. Ins	urance.	
Do	not include insurance deducted from your pay or included in	ines 4 or 20.
15a	a. Life insurance	15a. \$ 0.0
15b	Health insurance	15b. \$ 0.0
15c	c. Vehicle insurance	15c. \$ 375.0
15d	d. Other insurance. Specify:	15d. \$ 0.0
. Tax	kes. Do not include taxes deducted from your pay or included	in lines 4 or 20.
Spe	ecify:	16. \$ 0.0
7. Inst	tallment or lease payments:	
	a. Car payments for Vehicle 1	17a. \$ 0.0
17b	o. Car payments for Vehicle 2	17b. \$ 0.0
17c	c. Other. Specify:	17c. \$ 0.0
17d	d. Other. Specify:	17d. \$ 0.0
	ur payments of alimony, maintenance, and support that y	
	ducted from your pay on line 5, Schedule I, Your Income	
	ner payments you make to support others who do not live	-
	ecify:	19.
	ner real property expenses not included in lines 4 or 5 of	
	a. Mortgages on other property	20a. \$ 0.0
	o. Real estate taxes	20b. \$ 0.0
	c. Property, homeowner's, or renter's insurance	20c. \$ 0.0
20d	d. Maintenance, repair, and upkeep expenses	20d. \$ 0.0
20e	e. Homeowner's association or condominium dues	20e. \$ 0.0
. Oth	ner: Specify: Misc Expenses, Gifts, Pet Expenses	21. +\$ 250.0
0-1		
	Iculate your monthly expenses a. Add lines 4 through 21.	0.040.00
	S .	9,210.00 \$ 9,210.00
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from	
22c	c. Add line 22a and 22b. The result is your monthly expenses	. \$ \$ 9,210.00
Cal	Iculate your monthly net income.	
	 a. Copy line 12 (your combined monthly income) from Scheo 	ule I. 23a. \$ 11,419.8
	 copy line 12 (your combined monthly income) from Sched Copy your monthly expenses from line 22c above. 	23b\$ 9,210.0
230	b. Copy your monthly expenses from the 220 above.	2ουφ <u>9,210.0</u>
230	c. Subtract your monthly expenses from your monthly incom	<u> </u>
200	The result is your <i>monthly net income</i> .	23c. \$ 2,209.8
		<u> </u>
	you expect an increase or decrease in your expenses wi	
		ar or do you expect your mortgage payment to increase or decrease because
	dification to the terms of your mortgage?	
	No.	
\	Yes. Explain here:	

Fill in 4b	is information t	- identify years					
	nis information to					1	
Debtor 1	Patr First N	icia Lynn Ca _l	plan Middle Name	Last Name			
Debtor 2		ame	Wildule Name	Last Name			
(Spouse if,		ame	Middle Name	Last Name			
United S	States Bankruptcy	Court for the:	DISTRICT OF MARYLAND				
Case nu	ımber						
(if known)						☐ Check if this amended fili	
Officia	al Form 106	Dec					
Dec	laration	About a	an Individual D	ebtor's Scl	hedules		12/15
If two ma	arried people are	filing togethe	r, both are equally responsib	le for supplying corre	ect information.		
You mus	st file this form w	henever vou f	ile bankruptcy schedules or a	imended schedules	Making a false stat	ement concealing pror	nerty or
obtainin	g money or prop	erty by fraud i	n connection with a bankrupt				
years, o	r both. 18 U.S.C.	§§ 152, 1341, 1	1519, and 3571.				
	Sign Below						
Dic	d you pay or agr	ee to pay some	eone who is NOT an attorney	to help you fill out ba	ankruptcy forms?		
	Ma						
	No						
	Yes. Name of	person				nkruptcy Petition Prepare n, and Signature (Official	
					Deciaration	i, and Signature (Official	FOIIII 119)
						_	
	der penalty of pe t they are true ar		that I have read the summary	and schedules filed	d with this declarati	on and	
Х	/s/ Patricia Ly	nn Caplan		Х			
	Patricia Lynn	Caplan		Signature of D	Debtor 2		
	Signature of Deb	otor 1					
	Data April 47	2025		Data			

Fill in	this inform	ation to identify you	case:			
Debto	r 1	Patricia Lynn Ca	•			
Debto	r 2	First Name	Middle Name	Last Name		
	if, filing)	First Name	Middle Name	Last Name		
United	l States Ban	kruptcy Court for the:	DISTRICT OF MARYLAN	ID		
Case	number					
(if know	n)				_	heck if this is an mended filing
Off∷	oial Far	m 107				
	cial For ement		Affairs for Individ	duals Filing for B	ankruptcy	04/25
inform	ation. If mo		attach a separate sheet to		equally responsible for sup	
Part 1			rital Status and Where You	Lived Before		
1. W	hat is your	current marital statu	s?			
	Married					
	Not marr	ried				
2. D	uring the la	st 3 years, have you	lived anywhere other than	where you live now?		
	No					
		all of the places you l	ved in the last 3 years. Do no	ot include where you live nov	ı.	
C	Debtor 1:		Dates Debtor 1	Debtor 2 Prior Ac	dress:	Dates Debtor 2
			lived there			lived there
					ity property state or territory ico, Texas, Washington and W	
	No					
_		ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
				·		
Part 2	Explair	the Sources of You	r Income			
Fi	II in the total	amount of income yo	nployment or from operating understand and a have income that you receive	all businesses, including part		ndar years?
	l No					
		in the details.				
		u.o uotano.	D 14 4		D.L.	
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$27,701.91	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Patricia Lynn Caplan					Case number (if known)			
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incor Check all that app		Gross income (before deductions and exclusions)
	r last calen nuary 1 to	dar year: December	31, 2024)	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, comm bonuses, tips	issions,	
				☐ Operating a business		☐ Operating a bu	ısiness	
		dar year bet December		■ Wages, commissions, bonuses, tips	\$235,485.24	☐ Wages, comm bonuses, tips	issions,	
				☐ Operating a business		☐ Operating a bu	ısiness	
	and other winnings. List each s	public benef If you are fili	iit payments; ng a joint cas he gross inco	er that income is taxable. Expensions; rental income; inteler and you have income that the from each source separations.	rest; dividends; money collect you received together, list it	cted from lawsuits; ro only once under Deb	yalties; and tor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incor Describe below.	ne	Gross income (before deductions and exclusions)
		/ 1 of currer filed for ban	nt year until kruptcy:	Pension	\$5,477.08			
	r last calen nuary 1 to	dar year: December	31, 2024)	Pension	\$16,431.24			
		dar year be December		Pension	\$2,738.54			
Par	rt 3: List	t Certain Pa	vments You	Made Before You Filed for	Bankruptcv			
6.		r Debtor 1's Neither De	or Debtor 2	's debts primarily consume lebtor 2 has primarily consi personal, family, or househo	r debts? umer debts. Consumer deb	ts are defined in 11 U	.S.C. § 10°	1(8) as "incurred by an
		□ No.	90 days befo	re you filed for bankruptcy, d	id you pay any creditor a tota	al of \$8,575* or more	?	
		☐ Yes	paid that cre	each creditor to whom you pa editor. Do not include paymen payments to an attorney for t	nts for domestic support obli			
	_	,	to adjustment	on 4/01/28 and every 3 year	s after that for cases filed or	or after the date of a	ıdjustment.	
	■ Yes.			r both have primarily consure you filed for bankruptcy, d		al of \$600 or more?		
		■ No.	Go to line 7					
		□ Yes	include pay	each creditor to whom you pa ments for domestic support o this bankruptcy case.				
	Creditor'	's Name and	d Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this p	payment for

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Case number (if known)

7.	Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partners or more of their votin	erships of which yo g securities; and ar	u are a general ny managing age	partner; corporations ent, including one for
	NoYes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
3.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	ccount of a deb	ot that benefited an
	No☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	
Par	t 4: Identify Legal Actions, Repossession	s and Foreclosures	pulu		morado ordani	or o manno
ı Gı						
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	□ No■ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	James E. Clarke, et al. vs. Patricia L. Caplan C-15-CV-24-004129	Foreclosure	Circuit Court for Montgomery C		Pending On appeal Concluded	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		rty repossessed, t	oreclosed, garnis	hed, attached,	seized, or levied?
	No. Go to line 11.					
	☐ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				p
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No ■ Yes. Fill in the details.		uding a bank or fi	nancial institution	, set off any an	nounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount
2.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes		rty in the possess			t of creditors, a

Debtor 1 Patricia Lynn Caplan

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De	btor 1	Patricia Lynn Caplan		Case number	(if known)	
Pa	rt 5:	List Certain Gifts and Contributions	S			
13.		No	ıptcy, c	lid you give any gifts with a total value of more t	han \$600 per person	?
		Yes. Fill in the details for each gift.	1	Describe the diffs	Dates you gave	Value
		s with a total value of more than \$600 person	,	Describe the gifts	Dates you gave the gifts	value
		son to Whom You Gave the Gift and ress:				
14.		No		did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?
		Yes. Fill in the details for each gift or co			_	
	mor Cha	s or contributions to charities that to e than \$600 rity's Name		Describe what you contributed	Dates you contributed	Value
D-		ress (Number, Street, City, State and ZIP Code)				
Pa	rt 6:	List Certain Losses				
15.		in 1 year before you filed for bankrup ambling?	otcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster
	_	No Yes. Fill in the details.				
			Descri	be any insurance coverage for the loss	Date of your	Value of property
	how			the amount that insurance has paid. List pending nee claims on line 33 of Schedule A/B: Property.	loss	lost
Pa	rt 7:	List Certain Payments or Transfers				
16.	cons	ulted about seeking bankruptcy or p	reparir	d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require		rty to anyone you
		No				
	=	No Yes. Fill in the details.				
		son Who Was Paid		Description and value of any property	Date payment	Amount of
	Add Ema	ress ail or website address		transferred	or transfer was made	payment
	Gra	son Who Made the Payment, if Not Yo fton Firm, LLC Providence Road	ou	Attorney Fees		\$2,495.00
	Suit	te 100 vson, MD 21286				
		rafton@graftonfirm.com				
17.	prom		itors o	d you or anyone else acting on your behalf pay or to make payments to your creditors? ed on line 16.	or transfer any prope	rty to anyone who
	_	No Yes. Fill in the details.				
		son Who Was Paid		Description and value of any property	Date payment	Amount of
		ress		transferred	or transfer was made	payment

Debtor 1	Patricia	Lynn	Caplan
	rallicia	LYIIII	Capiai

Case number (if known)

18.	Within 2 years before you filed for bankrupte transferred in the ordinary course of your build like both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details.	usiness or financial affa ade as security (such as	airs? the granting of a			
	Person Who Received Transfer Address Person's relationship to you	Description and variety transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made
 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 						of which you are a
	Name of trust	Description and	alue of the pro	perty trans	ferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Ins	struments. Safe Deposi	t Boxes, and St	orage Unit	s	maac
ı aı	<u> </u>	•	·	•		
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for y sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credi houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed for	r bankruptcy, a	ny safe dep	oosit box or other depos	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit o	or place other than you	r home within 1	year befor	e you filed for bankrupto	ey?
	NoYes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control	for Someone Fise				
	Do you hold or control any property that sor for someone.		ude any proper	ty you borr	owed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
	t 10: Give Details About Environmental Info					
F∩r	the nurnose of Part 10, the following definition	ons anniv				

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

 $toxic\ substances,\ wastes,\ or\ material\ into\ the\ air,\ land,\ soil,\ surface\ water,\ groundwater,\ or\ other\ medium,\ including\ statutes\ other\ other\$

Debtor 1 Patricia Lynn Caplan

Case number (if known)

	regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
		<i>ardous material</i> means anything an env ardous material, pollutant, contaminant	vironmental law defines as a hazardous s, or similar term.	waste, hazardous substance, toxic s	substance,			
Rep	ort a	II notices, releases, and proceedings th	at you know about, regardless of when	they occurred.				
24.	Has	any governmental unit notified you that	t you may be liable or potentially liable	under or in violation of an environm	ental law?			
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Hav	e you notified any governmental unit of	fany release of hazardous material?					
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Hav	e you been a party in any judicial or ad	ministrative proceeding under any envir	onmental law? Include settlements	and orders.			
		No Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Pai	t 11:	Give Details About Your Business or	Connections to Any Business					
27.	Witl	nin 4 years before you filed for bankrup	tcy, did you own a business or have any	of the following connections to any	/ business?			
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity, e	either full-time or part-time				
		☐ A member of a limited liability com	pany (LLC) or limited liability partnership	p (LLP)				
		☐ A partner in a partnership						
		An officer, director, or managing executive of a corporation						
		☐ An owner of at least 5% of the voting or equity securities of a corporation						
		No. None of the above applies. Go to	Part 12.					
		Yes. Check all that apply above and fil	I in the details below for each business.					
		siness Name	Describe the nature of the business	Employer Identification numbe				
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security Dates business existed	number or IIIN.			
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, did you give a financial statement to	o anyone about your business? Incl	ude all financial			
		No						
		Yes. Fill in the details below.						
		me dress mber, Street, City, State and ZIP Code)	Date Issued					

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Patricia Lynn Capian	Case number (if known)
•	alse statement, concealing property, or obtaining money or property by fraud in connection 50,000, or imprisonment for up to 20 years, or both.
/s/ Patricia Lynn Caplan Patricia Lynn Caplan Signature of Debtor 1	Signature of Debtor 2
Date April 17, 2025	Date
Did you attach additional pages to <i>Your Statemen</i> ■ No □ Yes	t of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is not a ■ No	n attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person Attach the Bankrupt	cy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Maryland

		District of Maryland		
re	Patricia Lynn Caplan		Case No.	
	-	Debtor(s)	Chapter	13
	VERIFICATION OF CREDITOR MATRIX			
ab	ove-named Debtor hereby verifies t	hat the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
te:	April 17, 2025	/s/ Patricia Lynn Caplan		
		Patricia Lynn Caplan		

Signature of Debtor

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 31293 Salt Lake City, UT 84131

Central Collections Unit 300 W Preston Street Baltimore, MD 21201

Cherrywood HOA PO Box 159 Olney, MD 20830

Comenity Bank/Pier 1 Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Pier 1 Po Box 182789 Columbus, OH 43218

Comptroller of Maryland 110 Carroll Street Annapolis, MD 21411

Credit Collection Services Attn: Bankruptcy 725 Canton St Norwood, MA 02062

Credit Collection Services Po Box 607 Norwood, MA 02062 Dept of Ed/Navient Attn: Claims Dept PO Box 9635 Wilkes Barre, PA 18773-9635

EZ Pass Maryland PO Box 141578 Austin, TX 78714

Herbert M Juarbe, MD Washington Endocrinology 806 W Diamond Ave Ste 310 Gaithersburg, MD 20878

Internal Revenue Service ATTN: INSOLVENCY UNIT PO Box 7346 Philadelphia, PA 19114

James Clarke Atlantic Law Group LLC PO Box 2548 Leesburg, VA 20177

Laboratory Corporation of America PO Box 2240 Burlington, NC 27216-2240

Mary Hurley Orlans PC 1602 Village Market Blvd SE Ste 310 Leesburg, VA 20175

Maryland Department of Transportation Motor Vehicle Administration 6 St Paul St Baltimore, MD 21202-1614 Maryland Motor Vehicle Administration 6601 Ritchie Highway, N.E. Glen Burnie, MD 21062

Maryland Retina Institute LLC 2919 Olney Sandy Spring Road Suite D Olney, MD 20832

MedStar Health PO Box 411019 Boston, MA 02241

Nationstar/mr Cooper 350 Highland Houston, TX 77067

Novant Health PO Box 8471 Pompano Beach, FL 33075-8471

Rent Recovery Solution LLC Attn: Bankruptcy 1945 The Exchange Se, Ste 120 Atlanta, GA 30339

Rent Recovery Solution LLC 1945 The Exchange Se Atlanta, GA 30339

Sandy Spring Bank PO Box 790408 Saint Louis, MO 63179

Servpro 850 E Gude Dr Ste H Rockville, MD 20850 Synchrony Bank/Banana Republic Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Banana Republic Po Box 71727 Philadelphia, PA 19176

US Dept of Housing & Urban Development $451\ 7\text{th St SW}$ Washington, DC 20410

Verizon Verizon Wireless Bk Admin 500 Technology Dr Ste 550 Weldon Springs, MO 63304

Verizon 500 Technology Dr Weldon Spring, MO 63304

Wakefield & Associates Inc 7005 Middlebrook Pike PO Box 50250 Knoxville, TN 37950-0250

WSSC Water 1451 Sweitzer Ln Laurel, MD 20707